ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: Fayette Memorial Hospital Association

Year: 2004 City: Connersville Peer Group: Medium

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue				
Inpatient Patient Service Revenue	\$31,589,402			
Outpatient Patient Service Revenue	\$58,486,244			
Total Gross Patient Service Revenue	\$90,075,646			
2. Deductions from Re	evenue			
Contractual Allowances	\$40,684,104			
Other Deductions	(\$2,001,753)			
Total Deductions	\$38,682,351			
3. Total Operating Revenue				
Net Patient Service Revenue	\$51,393,295			
Other Operating Revenue	\$1,523,705			

4. Operating Expense	es ·
Salaries and Wages	\$22,443,296
Employee Benefits and Taxes	\$5,694,077
Depreciation and Amortization	\$3,877,457
Interest Expenses	\$1,449,126
Bad Debt	\$3,632,940
Other Expenses	\$13,330,733
Total Operating Expenses	\$50,427,629
5. Net Revenue and Expe	enses
Net Operating Revenue over Expenses	\$2,489,371
Net Non-operating Gains over Losses	\$1,126,707
Total Net Gain over Loss	\$3,616,078

Total Operating Revenue	\$52,917,000
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6. Assets and Liabilities			
Total Asse	ets	\$	661,211,820
Total Liab	ilities	\$	530,036,952

Statement Two: Contractual Allowances				
Revenue Source	Gross Patient Revenue	Contractual Allowances	Net Patient Service Revenue	
Medicare	\$37,204,271	\$26,845,265	\$10,359,006	
Medicaid	\$12,513,768	\$10,698,830	\$1,814,938	
Other State	\$0	\$0	\$0	
Local Government	\$2,002,600	\$594,286	\$1,408,317	
Commercial Insurance	\$38,355,007	\$2,590,378	\$35,764,629	
Total	\$90,075,646	\$40,728,759	\$49,346,887	

Statement Three: Unique Specialized Hospital Funds			
Fund Category	Estimated Incoming Revenue from Others	Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment
Donations	\$20,000	\$0	\$20,000

Educational	\$102,324	\$203,818	(\$118,510)
Research	\$0	\$0	\$0
Bioterrorism Grant	\$75,000	\$75,000	\$0

Number of individuals estimated by this hospital that are involved i	n education
Number of Medical Professionals Trained In This Hospital	0
Number of Hospital Patients Educated In This Hospital	0
Number of Citizens Exposed to Health Education Message	0

Statement Four Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

County	Fayette	Community	Fayette County
Location		Served	

Hospital Mission Statement

"Fayette Memorial Hospital is a community-directed nonprofit organization committed to provided primary access to a continuum of quality cost-effective health care services offered by the hospital physicians and other health care providers."

Unique Services		Type of Initiatives		Document Available	
Medical Research	NO	Disease Detection	YES	Community Plan	YES
Professional Education	YES	Practitioner Education	YES	Annual Statement	YES
Community Education	YES	Clinic Support	YES	Needs Assessment	1997

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2002	2003	2004
Persons served in last twelve months	91	91	91
Charity Care Allocation	(\$402,734)	(\$333,254)	(\$594,836)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Fayette Health Fair	(\$12,605)
March of Dimes	(\$1,100)

Race for the Cure	(\$902)
Fayette Jump Start Club	(\$3,000)
Other Initiatives	(\$3,985)
Subtotal	(\$21,592)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government	(\$438,861)
funded programs, and for medical education, training.	
2. Community Health Education	(\$8,508)
3. Community Programs and Services	(21,592)
4. Other Unreimbursed Costs	\$0
5. Total Costs of Providing Community Benefits	(\$451,945)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Patsy Moore

Telephone number: 765/827-7952

Web Address Information: www.fayettememorial.org

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	510	656
2. % of Salary	Salary Expenses divided by Total Expenses	44.5%	38.3%
3. Average Daily Census	Patient Days divided by annual days (365 days)	43.0	58.6

4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	6.0	4.3
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$3,051	\$4,999
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$12,075	\$13,629
7. Outpatient Revenue Percentage	Outpatient Revenue divided by the Gross Total Revenue	64.9%	53.7%
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$1,162	\$993
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	41.3%	43.0%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	7.2%	6.2%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$594,836)	(\$1,233,371)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	4.7	6.3

Notes:

- NR = Not Reported
 See Statewide Results for definitions of terms.